

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

Charles Burley

COURT CASE NUMBER

06-701-SLR

DEFENDANT

William Joyce

TYPE OF PROCESS

Complaint

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

William Joyce Correctional Medical Service

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

HR4CI 1301 E. 12th St Wilmington, DE 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Charles Burley 141273  
POC  
1181 Paddock Road  
Smyrna, DE 19977Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

3

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

COURT OF APPEALS  
DISTRICT OF COLUMBIAAM 18  
07 OCT 18  
Pauper CaseWilliam Joyce works for  
Correction Medical Service who's  
main office is located in St. Louis  
Missouri

Signature of Attorney or other Originator requesting service on behalf of:

Charles R. Burley

 PLAINTIFF  
 DEFENDANTTELEPHONE NUMBER  
N/ADATE  
9/11/07

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date BF 10-5-07
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 10/17/07	Time am pm
Signature of U.S. Marshal or Deputy BF		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Per R. Bowers, HR4CI, Def. no longer works  
@ HR4CI